

|                                                                                                                                                        |                  |                                                                                                                                            |        |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 60772</b>                                                                                                                                     |                  | <b>Due no later than Mar 31, 2010</b>                                                                                                      |        | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>ROBERT M. NIELSEN, PLLC.<br>ROBERT M NIELSEN<br>PO BOX 706<br>RUPERT ID 83350 |        | ROBERT M NIELSEN<br>352 W 100 N<br>RUPERT ID 83350 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                            |        | 3. <u>New</u> Registered Agent Signature:*         |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                  |                                                                                                                                            |        |                                                    |         |                  |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                       | City   | State                                              | Country | Postal Code      |  |
| MEMBER                                                                                                                                                 | ROBERT M NIELSEN | 548 E STREET PO BOX 706                                                                                                                    | RUPERT | ID                                                 | USA     | 83350            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                          |        |                                                    |         |                  |  |
| <b>ID<br/>W 60772</b>                                                                                                                                  |                  | Signature: Robert M. Nielsen                                                                                                               |        |                                                    |         | Date: 03/23/2010 |  |
|                                                                                                                                                        |                  | Name (type or print): Robert M. Nielsen                                                                                                    |        |                                                    |         | Title: Member    |  |
| Processed 03/23/2010                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                  |        |                                                    |         |                  |  |